

*If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).*

**NOTE:** See 37 C.F.R. § 1.645 for extensions of time in interference proceedings, and 37 C.F.R. § 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

*(complete (a) or (b), as applicable)*

(a)  Applicant petitions for an extension of time under 37 C.F.R. § 1.136  
(fees: 37 C.F.R. § 1.17(a)(1)-(4)) for the total number of months checked below:

Extension <u>(months)</u>	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
[ ] one month	\$ 110.00	\$ 55.00
[ ] two months	\$ 400.00	\$ 200.00
[X] three months	\$ 920.00	\$ 460.00
[ ] four months	\$ 1,440.00	\$ 720.00

Fee: \$ 920.00

If an additional extension of time is required, please consider this a petition therefor.

*(check and complete the next item, if applicable)*

[ ] An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of  
\$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now  
requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3) SMALL ENTITY			OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total	Minus	=	x \$9 =	\$		x \$18 =	\$
Indep.	Minus	=	x \$39 =	\$		x \$78 =	\$
[ ] First Presentation of Multiple Dependent Claim		+ \$130 = \$		+ \$260 = \$			
		Total Addit. Fee		OR	Total Addit. Fee		
		\$ <u>0.00</u>			\$ <u>          </u>		

\* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** *"After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).*

*(complete (c) or (d), as applicable)*

(c)  No additional fee for claims is required.

OR

(d)  Total additional fee for claims required \$ \_\_\_\_\_.

## FEE PAYMENT

5.  Attached is a check in the sum of \$ 920.00.  
 Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_.  
 A duplicate of this transmittal is attached.

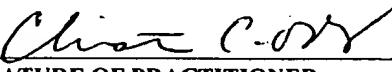
## FEE DEFICIENCY

**NOTE:** *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6.  If any additional extension and/or fee is required, charge Account No. 04-1105.

AND/OR

If any additional fee for claims is required, charge Account No. 04-1105.

  
\_\_\_\_\_  
SIGNATURE OF PRACTITIONER

Reg. No.38,256

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Christine C. O'Day

*(type or print name of practitioner)*

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